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The Policy of Substance Abuse in Liberia: Analysis and Recommendations

Yamah Dolo

Master of Education in Community Engagement, Merrimack College

May, 2021

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CAPSTONE PAPER SIGNATURE PAGE

CAPSTONE SUBMITTED IN PARTIAL FULFILLMENT
OF THE REQUIREMENTS FOR THE DEGREE

MASTER OF EDUCATION

IN

COMMUNITY ENGAGEMENT

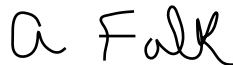
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AUTHOR: Yamah Dolo

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Audrey Falk, Ed.D.

DIRECTOR, COMMUNITY
ENGAGEMENT



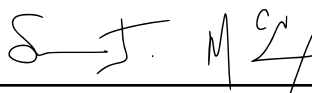
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Sean McCarthy, Ed.D.

INSTRUCTOR, CAPSTONE
COURSE



SIGNATURE

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To my parents: Na dia neh ka mamah

Abstract

Countries all over the globe are affected by substance abuse. Substance abuse is a traumatic issue that people around the world battle. Substance use has occurred for many years and seems to keep increasing. According to Parekh, “Substance use disorder (SUD) is complex a condition in which there is uncontrolled use of a substance despite harmful consequence.” (Parekh, 2017). Substance abuse has a significant effect on health, an individual’s well-being, families, relationships, and the post-war community. However, with the information on Liberia, little is known about the substance abuse cases. Liberia is a country that has no health, and there are no programs put in place to support people who have been struggling with substance abuse.

Key Words: Liberia, West Africa, Civil War, Ebola, Covid-19, Substance abuse, Policy, America and Liberia Ties

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Problem Statement

There is a tremendous need for a coordinated and accessible mental health policy for substance abuse in Liberia. As a country, Liberia's citizens have been through many hardships. However, there is a lack of resources for educating people about policies that have been put in place for mental health and looking at substance abuse amongst citizens. Relevant data on substance abuse in Liberia will need to be explored. Liberia's government needs to fully understand that there need to be more resources for substance abuse and how they can provide them. Due to the increase of substance use during and after the civil war in Liberia. There is a need to create space for people who struggle with abuse and meet their needs. To begin, the government would first have to create and implement a new policy.

“Liberia is a low-income country (LIC) with a gross domestic product (GDP) per capita of US\$495.1 and an economy growing at the rate of 8.7 percent (IMF 2014). Liberia is divided into 15 political sub-divisions, called counties, and five regions. Monrovia is Liberia's largest city and serves as its administrative, commercial, and financial capital. Poverty is pervasive in Liberia and has limited the population's access to healthcare and increased its vulnerability. Based upon consumption income in 2012, statistics showed that 56 percent of Liberians lived below the poverty line at US\$1.25 per day. The absolute number of people living on less than US\$1 per day is 2.1 million and more than 1.9 million, or 48 percent of the population, live in extreme poverty. Mental Health Policy and Strategic Plan for Liberia 2016 - 2021, n.d.).

The policy of substance abuse in Liberia

Throughout this paper, I will define policy, substance abuse, and mental health policy. Substance abuse and policy are the main focus of this paper, but considering that substance

abuse falls under the category of mental health, it will also be defined and viewed. This paper will focus on policies in schools for substance abuse and how it is tied back to the policy placed in Liberia, West Africa. Being born in the country but not growing up there, I hope to learn more about human rights policy.

Based on stories I have heard from women and young girls who are often unable to talk about their mental health and substance abuse, everyone seems to shut down on this topic. Some people within Liberian culture often attribute mental health to voodoo or witchcraft because they believe that there is no such thing as mental health stigma or that one does not have anything that will cause them mental health. There needs to be more resources and discussion than people who always assume that someone is mental because of a spiritual problem (voodoos, witchcraft). When it comes to substance abuse for girls, there is still this tension of shutting them up if and when they try to speak up about rape cases. It causes a risk of mental health because some adults primarily focus on building a family and are scared that their daughters talking about rape, either done by someone they know (uncles, cousins, and or neighbors), will ruin that bond. Another thing is that some parents may not have the education to discuss substance abuse. Some women themselves might have been through it and had no one to talk to, and they brush it off. This notion of brushing it off and not talking about substance abuse can affect females in many ways.

The challenges of not fully understanding or expressing what you are going through in life can lead to many obstacles. Young people are at higher risk for mental health, with the idea that no one is willing to talk about it or that it has been a generation key factor where older people around them have always brushed it off as if the problem is not real. A topic this paper will explore further is the cultural factors that make sharing difficult or generational.

According to the World Health Organization (WHO), mental health policy is “an official statement by a government health authority that provides overall direction for mental health by defining a vision, values, principle, and objectives, and establishing a broad model for action achieve that vision.” (“WHO | Mental health policy, planning & service development,” 2012). Using research articles and WHO’s definition, I want to explore policies to support both mental health and substance abuse for youths who are females. I would also like to explore the type of resource in schools and communities accessible for substance abuse for people.

After many years of civil war, the Ebola crisis, and now COVID-19, Liberia has yet to recover from the mental health that has caused traumatic issues. For youth who grow up in a community with little health care policy after and during a more extended period of civil war within their country are most likely to go through some form of mental health and substance abuse. When it comes to mental health in Liberia it is often described as “a spiritual problem, as the result of witchcraft” (Swart, n.d.). With the little bit of information or education on this topic, mental health often becomes a taboo in households or communities; either people are often scared to talk about it or lack resources to help them cope with the topic. Also, people are unaware of the policy that is put in place when communicating about these issues. To begin with, I would elaborate more on how policy addresses substance abuse.

With WHO’s help, a recent mental health policy plan was created (unknown date) for Liberia, focusing on 2016-2020. According to the document, “this new Mental Health Strategy and Policy will expand the availability of Mental Health Clinicians (including those trained in child and adolescent mental health), open new Wellness Units in every county and develop much-needed rehabilitation/step down and addiction treatment services in all regions. It will also develop systems to ensure a regular and effective supply of psychotropic drugs.” (Mental Health Policy and Strategic Plan for Liberia 2016 - 2021). It can seem that

there is a policy put in place, but not enough awareness is provided for citizens. With the lack of funding and a limited number of professional health care workers in the country, it is most likely that people who live in the area will face other barriers that increase their mental health, this will be expanded later on in the literature review section. In 2016, Kisa et al. stated that “in Liberia, a review of the health system estimates that as many as 11 % of adults have experienced substance use disorders, while 40 % of adults experience clinical depression, and 45 % experience Post-traumatic stress disorder [33]. This could be attributed to failure to access mental services or use of contemporary services.” (Kisa et al., 2016). With the economic systems and lack of jobs, people usually take many struggles to go to places with these resources for the community. Sometimes people cannot use these new services either because nobody believes that something had happened to them due to no witnesses.

With the lack of funding and a limited number of professional health care workers in the country, it is most likely that people who live in the area will face other barriers that increase the stability of their mental health. In 2016, Kisa et al. stated that “in Liberia, a review of the health system estimates that as many as 11 % of adults have experienced substance use disorders, while 40 % of adults experience clinical depression, and 45 % experience Post-traumatic stress disorder [33]. This could be attributed to failure to access mental services or use of contemporary services.” (Kisa et al., 2016). The 11% as low as it is can indicate that the numbers are under-reported because of stigma and reluctance for people within the Liberian culture to speak about their mental health with families or friends. With the economic systems and lack of jobs, people usually struggle to go to places with these resources for the community. Sometimes people cannot use these contemporary services either because nobody believes that something had happened to them; no witness around the incident took place.

As mentioned before, many older people who are not aware of mental health issues are most likely to rely on spiritual and traditional beliefs. In this case, if someone is depressed, they will be encouraged to see the pastors for prayers, and if the prayer is not working, then the traditional doctor usually becomes the last hope for the family. An interview conducted by Swart (2020) provides a comprehensive explanation of how some people deal with mental health in Liberia:

“I became very frustrated and depressed. I would scream and shout and could not sit in one place for very long. I was also hallucinating and seeing strange things. My mother and grandmother took me to a spiritual “healing center” in Monrovia. They thought the center would “civilise” me since I was acting violently. I was scared to go there, but I had no choice. “At the center, I was chained to a heavy wooden log and placed in an auditorium with about 30 other people who were also chained to logs. “I became very angry because of the way I was treated at the center. During the 11 months I stayed there, I never saw a psychiatrist or any other doctor. Mental health has never been a priority for the Liberian government. “Psychiatric facilities in Liberia are seriously underfunded. ES Grant Mental Health Hospital has only 80 beds for inpatients. The country is extremely poor and, until recently, had no mental health budget” (Swart, 2020).

In regards to the Liberian government’s handling of human rights there were no established policies in the country before the Civil War. Many years after both Civil Wars, the government finally created a policy to declare war on drugs. The governments’ efforts will be further explained in the Liberia Mental Health Policy (see page 16). Before the mental health policy was introduced in Liberia, Church and traditional doctors were the most accessible resources. The Church and the traditional doctor were the only options for people, this being that going to church, you will not have to pay for prayers when family members believe that praying is the only thing that can save you. Yes, there is always time for prayers, but praying without doing any kind of work is not practical, such as resources provided to educate people about substance abuse. Living in America and learning about substance abuse, I have learned that there are many resources for residents to get the help they need while coping with substance abuse and other issues. Liberia is not the only place where people are unable to talk

about substance and mental health. This paper acknowledged earlier that it is often difficult to discuss due to shame or tension, which will bring conflicts among either family members or relatives.

Literature Review

Introduction

Drug abuse is a significant problem that affects the communities or environment in which we live. There are increases in drugs each year, and with the increase of substance abuse, the more illness there is. Substance abuse does not only create significant problems, but it also causes different social problems, such as child abuse/neglect, homelessness, lack of jobs, violence, and an increase in death rates through drinking and driving. A country like Liberia is battling substance abuse due to the increased availability of drugs. According to the Officer in charge and Commissioner, “Liberia has become an attractive hub for illicit trans-regional drug traffickers, who in a short time have found a loophole in our system and attacked the social fabric of the country” (Front Page Liberia, 2020).

Liberia context/ History

Liberia is located in West Africa, bordered by Sierra Leone, Côte d’Ivoire, and Guinea. The land is slightly larger than Virginia and will be home to approximately 5,214,030 million people as of July 2021 (CIA World Factbook, 2021). The significant majority of the population in Liberia is Christian, with the official language being English. Even though English is the primary language, the Liberian English language is primarily called Liberian Koloqua, also known as broken English, and there are sixteen ethnic tribes.

Civil War

Liberia has experienced two of the most violent civil wars as a country. The first one was from 1989-1996 and the second from 1999-2003. During this time, the civil war had a significant effect on the population of Liberia. The war claimed more than two hundred thousand Liberian lives in a nation of 2.1 million people and displaced many other citizens in refugee camps in neighboring countries (Momodu, 2016). Not only did people become refugees, but they lost their homes, businesses, the school system for children and families. Lippitt (2013) stated that “during the war, there were no functioning public utilities, leaving Liberians without access to electricity, water and basic sanitation facilities, and health care for many years. Approximately 15,000 child soldiers, including girls and boys, fought on all sides of the conflict (HRW, 2004)... “One study found that almost half of male combatants (44.9%) and 12.3% of female combatants reported the use of drugs during the war, and drug use was more likely to have increased towards the end of the war” (Johnson et al., 2008). The drugs provided to these groups during the war contributed to the increase of substance abuse in Liberia. The civil war was not the only harrowing experience faced by the citizens of Liberia. Ten years after the civil war ended, another deadly pandemic outbreak occurred in Liberia and its bordering countries.

Ebola

From 2014 to 2016, the country became overpowered by Ebola. The Ebola virus — formerly known as Ebola hemorrhagic fever — is a rare and frequently deadly disease in humans caused by infection with one of four Ebola virus strains (World Vision Staff, 2019). The virus quickly spread throughout the counties “ of Liberia, triggering fear, stigma, denial due to limited awareness and knowledge of the disease. By June 2016, a cumulative total of 10,672 cases and 4,810 deaths were recorded in Liberia, of which 192 deaths had occurred amongst health care

workers.” (International Federation of Red Cross And Red Crescent Societies, 2017). With no time to recover from the civil war and the deadly virus, Liberia is now going through a new disease that recently started in 2019, known as Covid-19.

Covid-19

In 2019, we learned about another virus called Covid-19. Coronaviruses are a type of virus. There are many different kinds, and some cause diseases. A newly identified coronavirus, SARS-CoV-2, has caused a worldwide pandemic of a respiratory illness called COVID-19 (Sauer, 2020). Liberia still needs much time to recover and develop since it was hit with this virus. There is more work to be done, more education around mental health and substance abuse in Liberia.

In [Liberia](#), from [3 January 2020](#) to [5:04pm CET, 11 March 2021](#), there have been [2,026 confirmed cases](#) of COVID-19 with [85 deaths](#), reported to WHO.

Liberia Situation

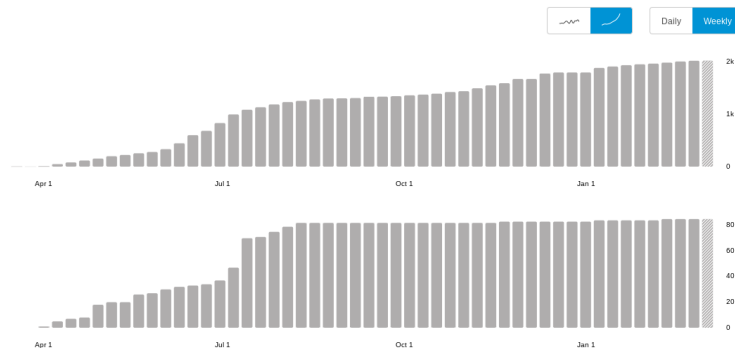
2,026

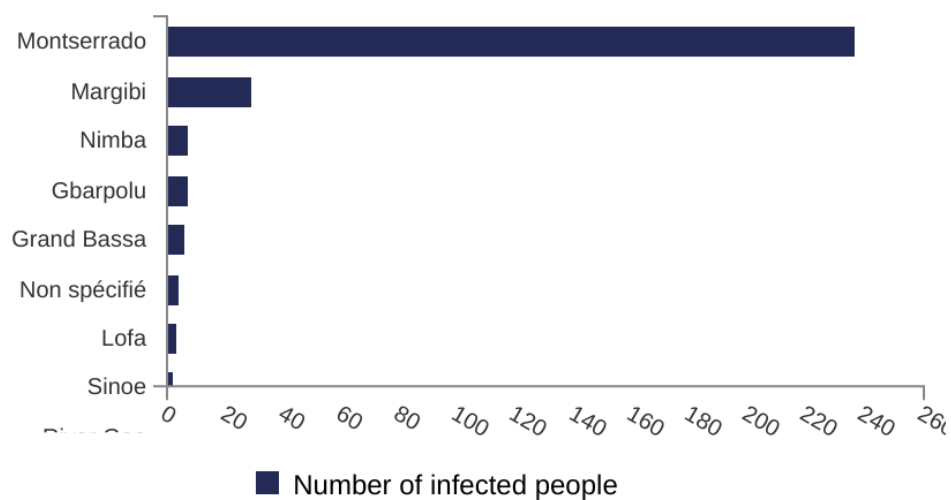
confirmed cases

85

deaths

Source: World Health Organization
Data may be incomplete for the current day or Jan 1 week.



Covid-19 cases per region in Liberia

In this figure, the first role shows the numbers of Covid-19 cases in Liberia. From March 16, 2020: cases went from six to 2,026 as of March 8, 2021. The second figure shows the number of deaths in Liberia due to Covid-19. March 30, 2020, the death rate was one and increased to eighty-five deaths on March 8, 2021. (Liberia: WHO Coronavirus Disease (COVID-19) Dashboard, n.d.). This shows the number of people who were affected in the whole country. The second figure shows the different counties in Liberia and how much they have been affected by Covid-19. The pandemic has affected the country in ways that make it harder for families to travel to visit relatives or even level their own homes to go farming. When Ebola first started, people were not fully prepared, which was the same as the pandemic. When it first started, people were unaware of what was happening and how to go about it with less information about the harm it would cause, just like the Ebola crisis. These crises have contributed to the growing issues with substance abuse disorder due to the lack of jobs for youths graduating from schools with no jobs, many people dropping out of school, and limited resources for communities in Liberia.

Liberia health care policy

Access to health care in every country should be a universal human right. In Liberia in 1990, “there were 30 Hospitals, 50 Health Centers, and 330 Clinics functional. In 2006, 18 hospitals, 50 health centers, and close to 286 health clinics were considered to be functional” (RAR, 2006). As shown, there were not many hospitals and clinics after the first Civil War and during the second one to provide resources and take their people into the country. Many of these facilities struggle to attain acceptable performance levels and need robust infrastructural interventions to truly function and respect referral functions. The hospital component of the health sector is undersized. With fewer resources in the country and a larger population, it is very likely that substance abuse will keep increasing because there are not enough resources to support everyone struggling and remain a burden for an already overburdened healthcare system.

In 2007, Liberia’s national health care social welfare policy was revised by the Ministry of Health and Social Welfare (MOHSW). During the revision, it was said that both mission and vision of the MOHSW are “to reform the sector to effectively deliver quality health and social welfare services to the people of Liberia. Its vision is a nation with improved health and social welfare status and equity in health.”(MONROVIA, LIBERIA, 2007). From the war and damages to the country, the lack of health care provided and needs can create a significant flashback for all the citizens who had to flee during the war. After returning to Liberia, “the Interim Poverty Reduction Strategy (IPRS, 2006), reports that 41% of the population has access to health services. Most data suggest low service consumption and gross imbalances across Liberia.” (2007). With the country overpopulated, it is fair to say that 41% is not enough for the population, but instead, there should be health care for everyone in the country, not only for the people who can afford the health care.

Looking at Health service

Liberia's health care system is not the most helpful plan for families with low or no income to see a doctor for treatments. Many people have shared that they are often asked to pay out of pocket when they visit the hospitals or clinics in Liberia. According to Kruk et al., "Liberia's efforts to rebuild the health system are further limited by a low health budget, which at 21 United States dollars (US\$) per capita is approximately two-thirds of the recommended spending on essential health services.¹³ Liberia's health sector is also highly dependent on donor assistance: approximately 80% of the country's health spending was financed by foreign donors in 2007 and 2008.¹³ The participation of a large number of donors in health sector reconstruction can present challenges of coordination, reporting, and management of competing priorities for the ministry." Unlike many other countries, Liberian people do not have health care insurance, but instead, they have to pay out of pocket or go without treatment.

Are resources available for substance in Liberia?

Liberia's health care system is not the most helpful plan for families with low or no income to see a doctor for treatments. Many people have shared that they are often asked to pay out of pocket when they visit the hospitals or clinics in Liberia. According to Kruk et al., "Liberia's efforts to rebuild the health system are further limited by a low health budget, which at 21 United States dollars (US\$) per capita is approximately two-thirds of the recommended spending on essential health services.¹³ Liberia's health sector is also highly dependent on donor assistance: approximately 80% of the country's health spending was financed by foreign donors in 2007 and 2008. The participation of a large number of donors in health sector reconstruction can present challenges of coordination, reporting, and management of competing priorities for the ministry." Unlike many other countries, Liberian people do not have health care insurance,

but instead, they have to pay out of pocket or go without treatment. Imagine going to the hospital while sick and being turned down for treatment because you do not have the income in the first place.

Liberia mental health policy

With WHO's help, a recent mental health policy plan was created in (unknown date) for Liberia between 2016-2020. According to the document, "this new Mental Health Strategy and Policy will expand the availability of Mental Health Clinicians (including those trained in child and adolescent mental health), open new Wellness Units in every county and develop much-needed Rehabilitation/step down and addiction treatment services in all Regions. It will also develop systems to ensure a regular and effective supply of psychotropic drugs." (Mental Health Policy and Strategic Plan for Liberia 2016 - 2021, n.d.). It can seem that there is a policy put in place, but not enough awareness is provided for citizens. Some people are aware of the policy but those who are not well educated or live in the cities might not have enough resources to take care of themselves or turn away from substances.

What is Substance abuse?

According to *Gateway Foundation*, "substance abuse is the repeated harmful use of any substance, including drugs and alcohol. The substances may be legal, prescription drugs or banned substances as well some that aren't even classified as drugs. Abuse can occur when you aren't using the substance the way it was recommended or because you are taking more than the prescribed dosage" (2020). The notion of negative behavior can be viewed in Liberia with the idea of low economic jobs, health care, and post-conflict. Every country has a different meaning for individuals who misuse substances. In Liberia, people who use substances are described as

people who live in the “ghetto.” In 2018, during a Liberian Commemorates World drug day, Alice Weah, who is a governor in one of the counties in Liberia reported that “ currently, there are over 866 ghettos in Monrovia that serve as home to chronic drug users and these ghettos are associated with illicit activities such as prostitution and crimes” and “according to the Guest Speaker, Rev. Dr. Jenkins Jorgbor, he stressed that the use of illicit drugs, such as cocaine, marijuana, and heroin is on the increase in Liberia and this resulting in very high levels of criminality and violence. (World Health Organization, 2018). With the high increase of substance abuse and number of people living in the “ghetto” calls for action to the government to create opportunities for this number to decrease rather than keep increasing and more violence in Liberia. The leaders of Liberia are aware of the high increase of substance uses in the country, and are beginning to elaborate on the effects in the country.

A study done by Fuerth (2011) shows the results of Liberians who had suffered during the war. Fuerth “suggested that 44% of the population suffers from symptoms consistent with post-traumatic stress disorder (PTSD) and 40% of the population experience symptoms consistent with major depressive disorder (Johnson et al., 2008). Substance use has been cited as one of the key factors contributing to physical and sexual violence and crime in Liberia today (Fuerth, 2011). With the higher percentage of symptoms amongst Liberia people, it is mostly like that substances will increase. According to Liberia: Social and Economic Impact of Illicit Drugs (LSEIID), (2016), “between 1990 and 2003, many children were conscripted and regularly drugged to fight wars for various factions. Fighting forces in the multidimensional Liberian civil war were dominantly children forcefully conscripted and drugged to engage into unconventional warfare.” It is most likely that children who had joined this event were children whose parents

had no idea of their whereabouts during the war. Taking these substances was the only way for them to forget the acts of violence.

The risk factor of substance abuse in Liberia seems to keep increasing, mainly amongst the youths and young faults population. The section below will provide and expand on the government role, resources in Liberia for substance abuse, and who can access the resources.

Risk factor of substance abuse in Liberia

The risk factors of substance abuse in Liberia has a significant impact on the citizens. A qualitative study by Petruzzi et al. (2018) focused on the risk for substance abuse amongst youths in Liberia, “From public-school students’ perspective. Multiple risk factors for substance use among Liberian youth were identified through qualitative analysis, including emotional instability, gender, fear of academic failure, accessibility to substances within the school and community, poverty, and unintentional drug use. These findings are important to public health campaigns and post conflict recovery in Liberia, and may also inform prevention programs for substance use among Liberian youth” (Petruzzi et al. 2018). The finding of these previous studies in the education systems will help promote better awareness for substance abuse in schools. Engaging in substances can also affect our daily lives, more so the role of our education.

In 2018, Lange et al. conducted a qualitative study where they focus on peer pressure through the lens of substance use in Liberia’s young people. During the study, Lange et al. found that “peers were able to influence the substance use behaviors of others indirectly. Students reported that individuals would engage in substance use behaviors after watching their peers use substances. In Liberia, there are no treatment services for substance use

available, and a medical infrastructure is lacking.” (Lange, pge number? 2018).

Lippitt (2013) conducted a study to look at the current behavior of substance use and risk factors. The study focused on those who are highly at risk for substances in the capital city of Liberia, Monrovia. Their findings indicated that economic, social, and individual risk factors were all impacted by substance use in Liberia. Some of the findings in the study can be view on the chart below.

Figure 1. Conceptual model of risk factors and consequences of substance use in Liberia

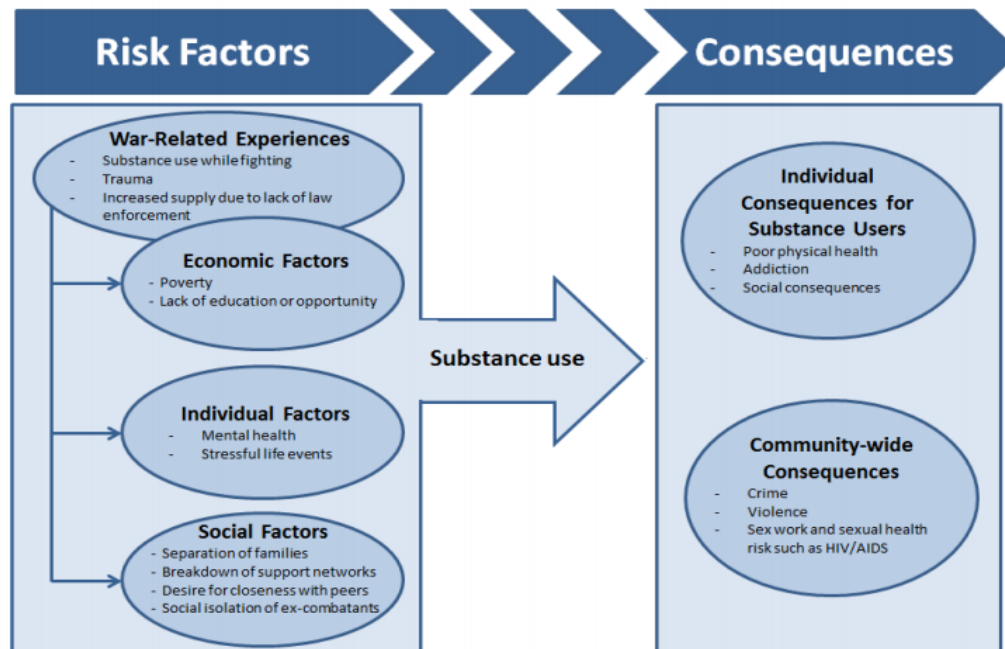


Figure 1 shows the risk factors/ what made Liberians get involved with substances and outcomes. (Lippitt, 2013).

With the research presented, there is still more study and examinations that need to be done for readers to gain a better understanding of substance abuse cases in Liberia. Some of the population who are students living in the country might be educated and aware of substance abuse and how it affects their communities and educational environment. Quiterio et al. (2013)

examine the substance use and sexual practices amongst students in Monrovia, Liberia, while focusing on 16 schools. Among substances reported, alcohol was the most commonly tried substance, with almost 50% using it at some point in their life. 78% of respondents had engaged in sex, with 13% reported having sex for monetary gain. Their results found an association between alcohol and engaging in sex and increased the number of sexual partners.

The lack of support for substance abuse in Liberia

For the government of Liberia to create and work to prevent substance abuse or wars on drugs, there is a need for a substance abuse policy. The policy can be used as an outline for the steps that will help meet the needs of the citizens in the country. According to the United Nations, “ the challenge of prevention in rural settings involves reaching a sufficiently broad number of children, youth and adults with rigorously planned and implemented, evidence-based strategies in settings that often have limited infrastructure and resources, as well as high-risk populations.” (United Nations, 2017). Through the history and the many obstacles that we see in the country, it is clear that Liberia as a country has limited resources when it comes to health care and other resources to meet the needs of its people. As shown in the chart, from 1996-2006, there were no services provided for substance abuse in Liberia by the government.

A. ADMINISTRATION AND FINANCING		
Government unit responsible for treatment services for SUD		No
Budget line in annual budget of government for SUD treatment services		No
Most important financing method for treatment services:		
Alcohol		No financing met available
Drugs		No financing met available
B. SECTORS AND SETTINGS		
Of those receiving treatment for alcohol use disorders, the percentage (%) treated in:		
Public sector		-
Private sector		-
Joint public-private sector venture		-
NGOs		-
Of those receiving treatment for drug use disorders, the percentage (%) treated in:		
Public sector		-
Private sector		-
Joint public-private sector venture		-
NGOs		-
Most commonly used treatment setting for:		
People with alcohol use disorders		-
People with drug use disorders		-
C. AVAILABILITY, COVERAGE AND CAPACITY		
Availability of treatment services (Yes/No) and estimated coverage (%) of population:		
Alcohol use disorders		
Inpatient medical detoxification	No	-
Outpatient medical detoxification	No	-
Long-term residential rehabilitation	No	-
Drug use disorders		
Inpatient medical detoxification	No	-
Outpatient medical detoxification	No	-
Outpatient abstinence oriented treatment	No	-
Substitution maintenance therapy of opioid dependence	No	-
Specialized treatment services for patients with drug use disorders (including IDU) with HIV/AIDS		No
Number of outpatient treatment slots for alcohol and drug use disorders		0

Figure 1. From 1996-2006: this figure provides information about government funding in Liberia for substance abuse (“ATLAS of Substance Use Disorders Resources” 2010).

Demographic: Who is affected by the existence of this problem?

From 1996 to 2006, after the civil war, Liberia did not have a substance abuse policy after the increase among drugs that rebel groups used to gain strength while fighting in both ways. In terms of who is affected by the existence problem, children who fought in the rebel groups were most affected after the civil war. The next sentence demonstrates how substance abuse increase during the Civil War, during the interview, Opheliah, who fought with the rebel group, stated, “I have been a drug addict since the military hostilities started in Liberia; we used to take drugs like marijuana or amphetamines before going to the battlefield,” she said. “They made us very brave to attack and kill our enemies. Our commander used to buy these drugs from across the border...eventually my system got used to them.” (Drug abuse on the rise, 2008). However, it is unfortunate that people still struggle with Liberia’s substance use with all of this.

In 2010, the World Health Organization provided a chartbook of Substance Use Disorders Assets for the Prevention and Treatment of Substance Use Disorders (SUD) from Liberia. The chartbook Provides comprehensive data based on substance abuse after the two civil wars in Liberia. According to the WHO team, the government did not have enough work to provide resources for citizens in Liberia. The chart below provides an overview of the percentage of female and males who struggle with substance after the Civil War in Liberia.

SUBSTANCE USE EPIDEMIOLOGY		
National epidemiological data collection system		
<i>Alcohol</i>		No
<i>Drugs</i>		No
Prevalence estimates for alcohol use disorders ³ (12-month prevalence, %)		
<i>Female (15+ years)</i>	Year 2004	0.16
<i>Male (15+ years)</i>	Year 2004	1.43
Prevalence estimates for drug use disorders ³ (12-month prevalence, %)		
<i>Female (15+ years)</i>	Year 2004	0.14
<i>Male (15+ years)</i>	Year 2004	0.43

Figure 1. From 1996-2006: this figure provides a broad background of Liberia's demography and the increase of substance abuse. ("ATLAS of Substance Use Disorders Resources" 2010).

Liberia first declared war on drugs in 2014. During this time, "the president signed the Liberia Controlled Drugs and Substances Act and the Act establishing the Liberia Drug Enforcement Agency." (Illicit drugs and economic development 2016). While the drug acts was declared in 2014, it looks like not much work was done during this year.

Perceptual: What are some data about attitudes and descriptions of this problem and how people might perceive it:

In reaction to the lack of policy put in place for substance abuse in the past year, it is thought that drugs would keep increasing in Liberia, with little done.

SUBSTANCE ABUSE POLICY AND LAW	
Substance abuse policy	No
Availability of special legislative provision:	
<i>Treatment and rehabilitation for people with SUD</i>	No
<i>Compulsory treatment for people with SUD</i>	No
Presence of drug courts in the country	No
Availability of programmes which divert clients away from criminal justice system towards treatment	No

Figure 1: focus on resources for substance abuse. (“ATLAS of Substance Use Disorders Resources” 2010).

The public authority of Liberia in 2014, authorized the Controlled Drugs and Substances Act, which statements do not just decorate the idea of the fizzled "battle against drugs" yet also disregards the issues of general wellbeing, hurt decrease, request decrease while making an asylum for dealers. Even though the government had authorized a “war on drugs,” it seems that some citizens in Liberia were aware of the substance and drugs law, but some people are educated around the topic. In 2016, illicit drugs and economic development presented this chart from their research, and their results show that there would be more awareness for substance abuses and drug laws for people who are not aware.

Figure 12: Knowledge of Drug and Substance Law

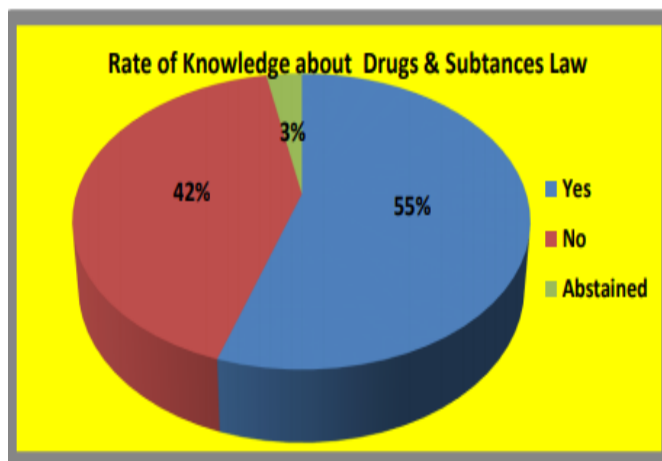


Figure 1

Table 12: Description of Hospital Staff Attitude

Respondents' Description of Reaction from Hospital Staff towards their Condition							
Question	They don't care	Security don't allow us	They say we are criminals	They say we can take drugs	They say we are crazy	No Ans.	Grand Total
How do the hospital people look at you when you go there?	49	3	36	91	11	6	196
	223	17	24	100	41	24	429
Grand Total	272	20	60	191	52	30	625

figure 2.

Table 10: Recommendations of Respondents

Respondents' Recommended Action to Remove Them Off Drugs						
Question	Government put in isolated place	I want to go back to school	I want learn trade	Flush the drugs from my system	No Answer	Grand Total
What can be done to take you from on drugs?	61	7	54	76	1	199
	102	15	21	281	6	425
Grand Total	163	22	75	357	7	624

figure 3.

Figure 1-3: represent the attitudes are substance and drug uses in Liberia. Illicit drugs and economic development. (2016)

The three data present the idea that Liberia's citizens would need more resources and treatment for substance and drugs uses in the country. However, the report and attitude based on the three figures show that government and healthcare workers are not doing much to take care of these citizens. There seems to be a poor representation and lack of interest in drug increase and support cases. Throughout the data memo, there were not many representatives of the financial budget around Liberia's substance and drugs. However, some data present the idea of not enough resources and treatment placed in Liberia. From 1996 to now, there is still more work needed to decrease substance abuse and drug use. Even though there are medical clinics and other hospitals in the country for mental health and other health care, would this be enough for a country with so many crises?. According to By & Togba (2015), "the country does not have laws or any reform process that address public health and human rights issues associated with the drug abuse habit and behavior of these former fighters."

Theoretical Frameworks

For a topic as broad and intense as substance abuse, it is helpful to examine how we can learn about recommendations that will be used towards taking future steps and other actions to limit substance abuse. First, Vygotsky's theory provides an overview of how the environment and the interaction children have with adults impact their lives. Second, the ecological system theory supports the long and short-term effects the environments play in individuals' and groups' lives. Third, the five levels of Maslow's "Hierarchy of Needs" focuses on the basic human needs. Together, these theoretical frameworks provide important information towards the behavior and the impact environmental influences have on individuals in Liberia.

Bronfenbrenner

In 1997, Urie Bronfenbrenner, an American psychologist, clarifies how children's natural characteristics and how their surroundings impact their growth. By studying the various ecological systems, Bronfenbrenner's Ecological Systems Theory can demonstrate the diversity of interrelated influences on children's development and their role during the civil war in Liberia. Based on the drugs and interactions with peers, and adults who provided these substances, it is clear to say that Bronfenbrenner's theory is accurate because the environment in which these children grow up in had a major impact on them from the adults they had in their lives.

Vygotsky's sociocultural theory

In 1934, Vygotsky, a famous Soviet Belarusian psychologist and the founder of cultural-historical psychology, developed the sociocultural where he elaborated on cognitive development. In 1978, Vygotsky's theory emphasizes the basic role of social interaction in cognitive development, where he believed that "much important learning by the child occurs through social interaction with a skillful tutor. The tutor may model behaviors and/or provide verbal instructions for the child. Vygotsky refers to this as cooperative or collaborative dialogue.

The child seeks to understand the actions or instructions provided by the tutor (often the parent or teacher) then internalizes the information, using it to guide or regulate their own performance.” (McLeod, 2020). The sociocultural described by Vygotsky can be view through the civil war in Liberia. During the civil war in Liberia, children who fought in the war and started taking drugs learned from the leaders they had. Due to children following their leaders, drugs became a daily intake and was normalized for them. Their social interactions were based on the group of people they had been surrounded by.

Maslow’ Hierarchy of Needs

Maslow, in 1943, presented his theory of motivation, also known as Maslow’s Hierarchy of Needs. Maslow’s theory of motivation focuses on five different states of human needs which determine individual behavior. Maslow presented his hierarchy of needs in the form of a pyramid. The basic human needs are located at the bottom, with the higher levels of intangible needs are at the top of the pyramid. He went to say that an individual can only travel up the pyramid if and when their basic needs are met fully. When an individuals basic needs are met fully, they will begin to address the higher-level needs. The five levels of fulfillment of needs, starting from the bottom to the top of Maslow’s hierarchy needs on the pyramid are physiological, safety, love and belonging, esteem, and self-actualization. While looking at all the different levels of Maslow’s Hierarchy of Needs, it is clear to mention that both physiological and safety needs are required for citizens in Liberia. According to Maslow’s Hierarchy of Needs, the physiological needs are for individuals to have water, food, shelter, clothes, reproduction, and sleep. The safety needs are health, resources, protections from violence (war, poverty), and stability. With all the struggles that the Liberian people have been facing throughout the various

crises, Liberia can be viewed through these three frameworks because the environment in which they lived had a major impact on them.

Substance abuse as a global issue

With Liberia being the main focus of this Policy paper, substance abuse is a global issue that many other countries face. Substance abuse in other countries may not always be caused by post-civil war but rather by other crises. According to the World Drug Report (2019), based on the global drug report, 35 million people worldwide suffer from substance abuse diseases, and only one in seven people receive treatment. The report shows that the international community has achieved a certain degree of success in addressing new psychoactive substances, as evidenced by the decline in the number of national mental health services identified and reported to UNODC for the first time. However, throughout the report, it was also noticed that resources for substance abuse lacked in many of these countries, “prevention and treatment continue to fall short in many parts of the world, with only one in seven people with drug use disorders receiving treatment each year. The Report shows that effective treatment interventions based on scientific evidence and in line with international human rights obligations are not as available or accessible as they need to be, and national governments and the international community need to step up interventions in order to address this gap”. (United Nations Office on Drugs and Crime, 2019). Based on this report, it is not surprising that substance abuse has become a global problem. One out of seven individuals are receiving treatment, and countries like Liberia who have been through many crises, are struggling to implement a policy for their citizens.

While many countries such as Liberia still struggle with substance abuse resources, some countries have resources put in place. A country like America, for example, has had a

long

history where individuals are struggling with substance misuse and have provided different resources for individuals battling substance abuse. America is a country that has a long relationship and ties with Liberia. With America being a country that has supported Liberia in many ways, there are few things Liberia can learn and apply in the country when it comes to substance abuse. The relationship and ties between both countries promote a clear vision of how Liberia can use and adapt resources and ideas to help prevent substance abuse.

Liberia and America Ties

Toward the end of slavery, the United States has developed long ties with Liberia, which form back to the “founding of the modern Liberian state by “Americo-Liberians,”(*Liberia’s Post-War Development: Key Issues and U.S. Assistance*, 2005). In 1821, Former slaves and those who became free men during slavery in the Americas traveled and settled in Liberia. The ties continued when Liberia became a close “U.S. ally, albeit a relatively minor one, during World War II and the cold war, and the country hosted U.S. communications facilities in the 1960s and 1970s, and received extensive U.S. development assistance.” This was just the beginning of the relationship between the United States and Liberia. During the two civil wars in Liberia, America provided “medicational support and extensive humanitarian assistance. It has also invested substantial amounts of aid in the current United Nations peacekeeping operation in Liberia, as well as substantial post-war rebuilding and development assistance.” (2005). The ties support the immigration system for refugees who came to America either during or after the civil wars in Liberia.

With the ties between Liberia and the United States, the United States have many people who struggle with substance abuse. Through these struggles, there have resources and treatment plans provided for American citizens. The United States government has provided help for individuals and families to get treatment and support. Some resources provided are the health care system. Even though not all Americans have health care, there are other forms of resources to access, such as therapy for individuals and families, recovery centers, rehabilitation, and group therapists. As mentioned, not all residents in American have access to health care, but instead these are other ways to receive some of these resources. Liberia as a country does not have health care, but there are other ways to create different resources to support the citizens who have been misusing substances.

For substance abuse to change, there needs to be a specific policy based on how the state or country will work with citizens to support and ensure that substances are not becoming a significant risk factor to the environment. The government will also have to look at some of the causes that lead to substance abuse; (jobs, mental health, poverty, and things that residents lack, which pushes them to turn to substances as an outcome of their daily problem). When individual rights are not met, it is because of the community and the system. If and when the leaders within the states have strategic plans for building social capital with residents; and getting them involved in creating a better environment (with jobs, better incomes, and others), there might be a decrease in substances uses. If the government is not changing the community to what they (the government) want, they will provide resources that meet the residents' needs. Also, the individuals who have been suffering or using substances need to get the offered professional help. Many people who live in Liberia have a harder time finding jobs after finishing their education. It is difficult to find jobs after graduating because there are not many corporate jobs. With the limited job opportunities, often time students or family members

become stranded with no sense of income, through these examples we can view Urie ecological systems theory, where he presented the idea of the chronosystem. The chronosystem with in the ecological system theory by Urie is view as the stage of life based on what an individual is going through and how that can affect them.

Nonprofit organizations working to treat substance abuse in America (some):

The United States as a whole has some of the most significant resources when it comes to taking care of individuals and families who have been affected by substance use disorders. There are many resources provided for individuals and families who have come into contact with substances. An organization like Substance Abuse and Mental Health Service Administration (SAMHSA) is a leading free national helpline that provides resources for families and individuals struggling with substance abuse. SAMHSA is used to support everyone with referrals for substance abuse and mental health and help individuals with better outcomes while using or after using substances. The governments have created policies for substance abuse or misuse through these policies. They can look at data of the risk factors and increase or decrease the number of people who have been most affected by the drug. Thomas (2020) stated that “there are over 14,500 specialized substance abuse treatment facilities in the United States providing a variety of care options, including counseling, behavioral therapy, medication, case management, and other forms of care.” People suffering from substances are provided with treatments and other government resources to ensure their needs are met. Not all individuals using substances can receive treatment either due to documents (such as citizenship, legal paperwork, or sometimes medical records). With these resources provided in every state, it is easier for individuals and families to receive the support system they need, so they do not fight this battle alone.

With the resources available for substance abuse, there is still more work to be done. Something that is not being done for substance abuse when it comes to the age range provides treatment for the different groups rather than using the same treatment.

Recommendations

Substance abuse is on the rise in Liberia, West Africa, but the country lacks resources for its citizens to cope with this issue. Drug abuse has placed a health burden on Liberia. Citizens cannot afford health care or treatment and there is a lack of community resources to support them and provide access to care. Substance abuse has influence and affected many people. With few resources and no government policy put in place, the Liberian people are not getting the help that they need. The Liberian government should aim to provide stronger support for people who have been struggling with substance abuse in the country, either before or after the many crises the people have been through. For this to happen, the government has several steps to take for its' effective implementation in Liberia and the focus on substance abuse.

Defining substance abuse prevention:

To effectively adapt and implement a substance abuse policy in Liberia, it is important to first define the term prevention and provide some recommendations. According to Medina-Mora, "prevention is understood as any activity designed to avoid substance abuse and reduce its health and social consequences. This broad term can include actions aimed to reduce supply (based on the principle that the decreased availability of substances reduces the opportunities for abuse and dependence) and actions aimed to reduce demand (including health promotion and disease prevention)" (2005). Providing the definitions helps readers understand why there is a need for substance abuse prevention in Liberia.

Government Policy:

All countries need to have a well-written policy for access and funding for resources to support their citizens.. In 2019, a group of people gather together to seek help from the government and president of Liberia for substance abuse resources. According to Dukuly, (2019), “ the president of SUTU says the use of illegal substances has affected about 60% of the youths in the country. As a result of drug addiction, they have lost respect among their parents, loved ones and even friends”. Jackson hopes that with the rise of President George Weah, the lives of young people, especially those affected by drugs, will quickly change. In the same interview, Mohamed Sesay who was part of the discussion, stated that “he is still using drugs, said he is disappointed that President George Weah has not started any program for disadvantaged youths. He feels empty whenever I think about the kind of life I’m living. He called on President Weah and the entire government to assist the Dorcas’ initiative by helping to transform their lives. He warned that if the government fails them, “they will face us in the upcoming elections”. (Dukuly, (2019). While there are mental health care policies in Liberia, there needs to be a focus and approach specifically for substance abuse; even though substance abuse falls under the mental health umbrella, it often requires different treatment approaches and interventions.

Access to Healthcare: in Liberia:

Liberia is a country that has historically had a lack of health care. According to Kruk et al. “in Liberia, there is concern, for example, that after a long war the population may not have confidence in the health system that is largely run by foreign nongovernmental organizations (NGOs)” (Kruk et al., 2011). A lack of quality health care combined with feelings of reluctance and distrust towards the medical field increases barriers to treatment. As a result, there are few

treatment centers and many people are unable to get care for both substance use and physical illnesses in the country.

Kruk et al. (2011) also reported that, “Liberians suffer from high mortality and morbidity, resulting from a combination of poor living conditions and lack of quality health care. Infectious diseases are a major contributor to ill health and lost productivity: for example, one-third of Liberians suffer from malaria each year (WHO 2008)”. It is also important that the government consider creating policies that provide health care for the people of Liberia. Currently, citizens in Liberia have to pay out of pocket to visit the hospital when they are sick; if they do not have the money to pay, they are unable to receive any treatment or medicine. Liberia is a low-income country that has faced multiple national crises in recent history and as a result, lacks available jobs and having to pay for doctor visits without any health care coverage can cause more burden and stress on individuals.

Liberia Citizen’s Voice:

In Maslow’s hierarchy of needs, he speaks about love and belonging, which can be found on the third level of his pyramid, after both physiological and safety needs are met. He describes love and belonging as part of a community, friendship, social interactions, and family. Liberia’s government needs to listen to its citizens’ voices and the types of help they say they need and work with them to meet these needs. Without the citizens’ voice, there would be no government in the first place; as important as it is during elections, these people’s voices should be heard and used to create policy for substance abuse.

Throughout this section, the statements presented below are from people who are currently living in Liberia. These individuals’ names have been changed. The voices of the people matter because they help promote change within the community. Unfortunately, despite

their cries, substance abuse continues to increase and a lack of resources persists. The government needs to work with each community and hear their thoughts on substance abuse prevention and how they (the government) can create a national policy and provide critically needed resources.

These recommendations were provided by few students who currently live and study in Liberia. In a personal conversation, responses were gathered through both Twitter and Facebook. This question was presented, “what are some Recommendations/resources you would like to see in Liberia regarding substance abuse for citizens and students?”

“There's only one facility in Liberia for people abusing substances and mental illnesses. It's not spacious or equipped to really meet the needs of people. There are also few people that are really aware of E. S Grant and the services provided. So I would recommend that we create more awareness of mental health, especially substance abuse, leading to psychosis. The issue of the right facility cannot be over emphasized. If these people have recreational activities, learn new skills and received the right treatment, we could see a better outcome. For now we have a lot of them Relapse even after a lengthy period of stay at Grant because they go back into the same society that make these substances readily available to use. It's a lot of work and long ride my darling, but it's achievable.” (Mary, personal communication, March 31, 2021)

“My recommendation as relate to the legitimate control of substance abuse in Liberia is that the central government should see it prudent to pass into law and enforcement to minimize substance abuse.” (Jake, personal communication, March 30, 2021).

“It has been understood and well noticed that Liberia have a very Poor security sector, leading to a larger number of substance abuser/abuse. Some recommendation/ resources that the citizen

of Liberia could like to have are as follow Rebaliltation center, wherein the recommendation could be Psychiatrists home wherein they will provide training and other vocational skills and after that time of been at the facilities government should provide an avenue of creating job for those have been victim or that is victim.” (Peter, personal communication, March 30, 2021)

“Well, there are a few I can think of, 1. Providing awareness, especially to the youth, on the downside of these substances, 2. Creating a self-help group or organization that can nourish people already affected by these substances and help them fit in by probably skilling them up for a future, 3. Another area that needs strengthening is the law enforcement responsible for handling these issues.” (Joe, personal communication, April 10, 2021)

“Awareness on substance abuse clubs should be established in all schools, to educate pupils on the dangers of substance abuses. Drug abuse should be taught in all learning institutions, churches and mosques as harmful practice. Parents should also educate their children about the negative effects of substance abuses. The legislature should make drugs marketing and intake an nonbeliable. The government and organizations should establish substance abuse control centers for victims in the country. It is important that the government also create high taxes and prices should be increased on substance for those who want to buy them. I would also encourage the government to provide machines or technology that can be use by security personnel to detect harmful substances. Also, vigorous campaigns should be carry on regularly to bring awareness. (Sunday, personal communication, April 8, 2021)

“The government should provide Services for Treatments and recovery. Create different ways for citizens to get Help, hotline for example, easily.” (Anna, personal communication, April 9, 2021)

“The sources of those substances must be closed down, and any private or public place involve in the act must be dealt with constitutionally. Individuals should also be punished for the constant and intentionally use of any harmful substances. The government must graft policy against substance abuse (intensively). (T-boy, personal communication, April 7, 2021)

“Making available “Trusted, private and Reliable” rehab facilities. We need a door-to-door campaign and awareness on the long-term danger of drug use. It would be great to group a few top Liberian artists to record a “say no to drugs” anthem. Putting together a team of private Lawyers and a police task force to crack down on Drug dealers and ghettos.... the users can be persuaded to tell who and where they are getting the supplies from. Gathering a group to call on the government to impose harsh penalties on drug importers..” (Front Page Liberia, personal communication, April 21, 2021)

There is still a great deal more work to be done in Liberia when it comes to substance abuse policies and available treatment opportunities. The responses provided by these individuals create a stepping stone for Liberia and the sense of “belonging” mentioned by Maslow’s third level of needs on the pyramid.

Networking with America or other countries:

As noted in the literature review, in a personal conversation with one of the mental health teams in the country they stated, “in regards to the resources offered, Liberia does not have a specific facility for substance abuse cases like we see in other countries.” (info@mcareliberia, personal communication, February 22, 2021). Because Liberia does not have the same resources as other countries, it is important that the government network with countries like America, with whom they have long ties and have worked with for so many years. Working with American

treatment providers and policy makers can provide a space to brainstorm different ways that the Liberian government can support its' residents regarding substance abuse.

When it comes to providing support systems for Liberia, America has always been a helping hand. One example of how America has supported Liberia is that, with the recent crises, “the United States provided \$2.5 billion in foreign assistance to help Liberia and other countries in West Africa respond to and recover from the 2014-2015 Ebola Virus Disease outbreak. Over the last several years, the United States has provided over \$54 million annually in health assistance to Liberia to support maternal and child health care, malaria and HIV prevention and treatment, and Global Health Security Agenda and WASH activities” (USAID, 2020). America is a great support to the Liberian government through these ties. Liberian policy makers should reach out about different resources that the government can implement for substance abuse prevention.

How does America work to prevent substance abuse?

There are multiple ways in which America works to prevent substance abuse. A few examples are provided below, which describe the different ways America has been working to prevent substance abuse.

- Hotline: known as the treatment referral route service, the helpline provides 24-hour free and confidential treatment referral and information on mental and/or substance use disorders, prevention, and recovery in English and Spanish.
- Recovery center/Rehabilitation: These are support systems that can help people with mental and substance use disorders manage their illness successfully.
- Medication-assisted treatment: The combination of drug use with counseling and behavioral therapy provides a "whole-patient" approach for the treatment of substance abuse disorders.

The examples above are potential resources that Liberia can adopt to create a substance abuse policy for the country. Although creating a substance abuse prevention policy might take a longer period to get started, it is important to note that the sooner the government begins to network with different countries and work to access necessary resources, the better it would be.

Access to resources for substance abuse /Ways to prevent substance abuse in Liberia:

Liberia should work to implement substance abuse as an educational component in schools within the sixteen different counties. When substance abuse is included in the education component, there will be more awareness for students and community members. Being able to promote the topic provides a space for students to discuss substance abuse and mental health. Schools are not the only places that should bring awareness to substance abuse prevention. Hospitals, clinics, and mental health clinics should also advocate and present on this topic to the government, either through board meetings or fiscal meetings in Liberia.

Although there are mental health clinics in Liberia, there should also be separate clinics created specifically for substance abuse treatment. According to Kohrt et al., “in 2010, the Ministry of Health and Social Welfare established a mental health unit and technical coordinating committee. Currently, there is 1 psychiatrist and 1 psychiatric facility with 67 inpatient beds and daily outpatient services” (Kohrt et al., 2015). In a country that has low income and that has been through a lot, it is not enough to have just one psychiatrist and one psychiatrist with only 67 inpatient beds to support people across the country who are battling mental health illnesses. Fewer facilities also means that there are fewer overall staff members in the country who can help provide treatment to individuals. Creating clinics for substance abuse services and treatment will take a significant burden off the current mental health team in addition to providing more opportunity for individuals to get help.

It is critical that the Liberian government define and create substance abuse policies for their nation. Additionally, they must increase funding for treatment opportunities and the hiring of service providers. Providing funding for increased treatment and care facilities is an important investment in the country and its people's long-term health and well-being. These ideas and resources are ways to apply Maslow's Hierarchy of needs, and Urie Ecological System Theory, when it comes to creating an environment that is a support system that works to meet the needs of all citizens, by providing the resources necessary.

Conclusion

Liberia is a country that is still fighting to recover from many crises and other economic issues, and substance abuse is becoming a major problem. There is still more work to be done when it comes to providing resources for individuals and families who are battling addiction. There is a need for a substance abuse policy and a place for individuals to go rather than using the same information that has been put in place for mental health only. An overall solution for Liberia is for the government to create a healthcare system and substance abuse policy in Liberia to meet the needs of the citizens. If the government works to provide substance abuse policy in Liberia, there will be more resources for substance abuse prevention in the country. The United Nation stated that “ the primary goal of substance use prevention is to help non-substance users avoid or delay the initiation of substance use. For those who are already substance users, prevention seeks to minimize the likelihood that they will develop substance use disorders (e.g., dependence). Prevention also has a broader purpose, which is to support the healthy and safe development of children and youth and to allow them to realize their talents and potential by

becoming contributing members of their community and society” (United Nations, 2017). With the help of the government in Liberia,

In 2018, there was a Liberia Commemorates World Drug Day, Rev. Dr. Jenkins Jorgbo stated that “ drug use and abuse was strongly linked to Liberia’s 14 years of civil conflict, the lack of development programs for youth and high level of unemployment are associated root causes for the abuse of drugs by youths. He then recommended that the government should build rehabilitation centers for people engaged in the illicit use of drugs and strengthen current Laws and enforcement mechanisms. (World Health Organization, 2018). It is highly important for the Leaders in Liberia to take the stand and work hard to create a better environment for everyone who lives in Liberia. The more resources provided, the more support there will be.

Self Reflection:

My capstone focused on substance abuse policy in Liberia, because I was born and raised in Liberia. Being born in Liberia is not the only reason why I choose this topic. My parents, siblings and grandparents (who currently live in Liberia) are people who struggled during both Civil Wars. Growing up in Liberia, my parents and grandparents told me stories about the Civil War and how badly it was to travel under gun sounds on foot from Liberia to Guinea for safety. They mentioned that during that time many children lost their parents along the way, families were killed by child soldiers (who had lost their family), food became an issue, homes and business were destroyed and so on. As a young adult, listening to stories like this can create trauma on oneself, but imagine the people who are telling their stories and what it might have been like for them.

My parents' experience during the Civil Wars has create a pathway for me to look into the mental health and substance abuse policy that is in Liberia, and wanting to know what type of resources are provided for not only my parents but also for people who had to travel under gun sounds, children who receive substances (drugs) to go and kill innocent people, a country that has been through many crises, and citizens who have had to start all over again after losing everything. There are so many questions, and little answers. I would like to thank my parents, grandparents, and many families who had to face so many challenges during these difficult times and for being the strongest people I know. I am forever grateful and respectful for their courage in sharing their life experiences with me.

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